

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/538459**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/				
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48		/		/		
49		/		/		
50	/					
TOTAL IND.	4	↓	3	↓		↓
TOTAL DEP.	46	←	31	←		←
TOTAL CLAIMS	50		34			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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98						
99						
100						
TOTAL IND.	0	↓		↓		↓
TOTAL DEP.	1	←		←		←
TOTAL CLAIMS	1					